

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

	311 , <u>13</u> nt Period) , (Prior F		AIC Company Code	95844	Employer's ID Number	38-2242827			
Organized under the Laws of		Michigan	, State o	of Domicile or F	Port of Entry	Michigan			
Country of Domicile			United :	States					
Licensed as business type:	Life, Accident & Healt	n[]	Property/Casualty []	Dental 9	Service Corporation []				
	Vision Service Corpor				Maintenance Organization []	X 1			
	Hospital, Medical & D				, Federally Qualified? Yes []	•			
	•		,.,						
Incorporated/Organized	06/27/1	978	Commenced	Business _	02/08/197	<u>'9</u>			
Statutory Home Office		est Grand Bo			Detroit, MI 48202	2-de)			
	(3	Street and Number	,		(City or Town, State and Zip C	.ode)			
Main Administrative Office				et Grand Bouley eet and Number)	vard				
	etroit, MI 48202 Town, State and Zip Code)			,	313-872-8100 ea Code) (Telephone Number)				
Mail Address	2850 West Grand	Roulevard		(Ale	Detroit. MI 48202				
- Mail Addices	(Street and Number of		,		(City or Town, State and Zip Code)				
Primary Location of Books an	d Records		:	2850 West Gra					
	etroit, MI 48202		,	(Street and	Number) 248-443-1093				
	Town, State and Zip Code)			•	ea Code) (Telephone Number)				
Internet Web Site Address _			www	.hap.org					
Statutory Statement Contact	Diar	na Ronan CP (Name)	<u>'A</u> ,		248-443-1093 (Area Code) (Telephone Number) (Ex	vtension)			
dr	ronan@hap.org (E-Mail Address)	(**************************************		248-443-8610 (FAX Number)					
	(E-Mail Address)				(FAX Number)				
			OFFICERS						
Name		Title		Name		Title			
Nicholas C Anderson Maurice E McMurray		Chairman		Ronald W Berr	y,T	reasurer			
Waunce E McMunay	· · · · · · · · · · · · · · · · · · ·	Secretary	HED OFFICED	•					
		O1	HER OFFICER	3					
		DIRECT	ORS OR TRUS	TEES					
Nicholas C Anderson	Ma	rvin Beatty #		yBeth Bolton M	1D Mar	y E Bunn			
William A Conway MD	Jol	nn T Gargaro	J	ethro Joseph	Jack	ie Martin			
William L Peirce		hard Popp #		ol Quigley IHM		e A Roberts			
Robin Scales-Wooten Karen Wezner	Nan	cy Schlichting	Ke	becca R Smith	Susa	an Wells			
State of	· ·	SS							
County of	Wayne								
The officers of this reporting entit above, all of the herein described that this statement, together with liabilities and of the condition and and have been completed in accomay differ; or, (2) that state rules knowledge and belief, respectivel when required, that is an exact or regulators in lieu of or in addition to	assets were the absolute related exhibits, schedul affairs of the said reporti or regulations require diff y. Furthermore, the scope topy (except for formatting	property of the es and explana ng entity as of the ual Statement I. erences in repo of this attestation differences du	said reporting entity, free a tions therein contained, an ee reporting period stated a nestructions and Accounting rting not related to account on by the described officers	and clear from ar nexed or referre bove, and of its <i>Practices</i> and <i>Pr</i> ing practices and s also includes the	ny liens or claims thereon, except to, is a full and true statement income and deductions therefro ocedures manual except to the end procedures, according to the later than the related corresponding electro	ot as herein stated, and nt of all the assets and m for the period ended, extent that: (1) state law lest of their information, nic filing with the NAIC,			
Nicholas C An	derson		Ronald W Berry		Maurice E Mo	:Murrav			
Chairma			Treasurer		Secreta				
					an original filing?	Yes [X] No []			
Subscribed and sworn to be day of	fore me this			b. If no:, 1. Stat	e the amendment number	0			
	·	_		2. Date	e filed				
		_		3. Num	nber of pages attached	0			
Roderick Irwin Curry, Notary August 14 2013									

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:					1	
Group subscribers: Federal Employees Health Benefit Plan	5,198,917	665,030				5,863,946
					<u> </u>	
200007 0		005 000		ļ		F 000 040
0299997 Group subscriber subtotal	5,198,917 9,042,498		24,150	J	D	5,863,946 9,291,780
0299998 Premiums due and unpaid not individually listed	9,042,490	890,161	24, 150	l	n	15,155,726
0399999 Premiums due and unpaid from Medicare entities	17,241,415		24, 100			10,100,720
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	14,241,415	890,161	24,150	0	0	15,155,726

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted					
Pharmaceutical rebate receivables	1 - 30 Days	31 - 00 Days	01 - 90 Days	Over 90 Days	Nonaumitteu	Admitted					
Frial illaceut teal receivables	F40.040	T		1		540.040					
GSK	543,246 518,784		·	ł	 	543,246 518,784					
NOVONORD I SK.											
0199998 - Aggregate of amounts not individually listed above. 0199999 - Totals - Pharmaceutical rebate receivables	2,006,691					2,006,691					
0199999 - Totals - Pharmaceutical rebate receivables	3,068,721	0	0	0	0	3,068,721					
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0799999 Gross health care receivables	3,068,721	0	0	0	0	3,068,721					

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	l Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)		·				
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered	1,827,995	175,295	5,708	787	351	2,010,136
0399999 Aggregate accounts not individually listed-covered	17,815,808	121,396	129,318	10,900	12,220	18,089,642
0499999 Subtotals	19,643,803	296,691	135,026	11,687	12,571	20,099,778
0599999 Unreported claims and other claim reserves						71,298,470
0699999 Total amounts withheld						18,557,059 109,955,307
0799999 Total claims unpaid						2,494,950
0899999 Accrued medical incentive pool and bonus amounts						2,494,930

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

			-,	_			
1	2	3	4	5	6	Admitte	d
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Alliance Health and Life Insurance Compa. HAP Preferred Inc	886,425	-				886,425	
HAP Preferred Inc	307,877					307,877	
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0199999 Individually listed receivables	1,194,302	0	0	0	0	1,194,302	0
0199999 Individually listed receivables	1, 101,002						
0200000 Total gross amounts required to	1,194,302	0	1	0	1	1,194,302	
0399999 Total gross amounts receivable	1, 194, 302	U	1	U	1	1, 194, 302	U

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Henry Ford Health System(HFHS). HAP Preferred Inc	Payroll reimbursements and corp alloc. Health Choice Plan for HFHS	255 , 110	255 , 110	
HAP Preferred Inc	Health Choice Plan for HFHS	53,871	53,871	
Alliance Health and Life Insurance Compa	Management fees and reimbursements	69,728	69,728	
0199999 Individually listed payables		378,709		0
0199999 Individually listed payables				
0399999 Total gross payables		378,709	378,709	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	919,705,022	60.7	251,113	65.5	748,355,626	171,349,396
2. Intermediaries		0.0		0.0		
3. All other providers	4,692,105	0.3	132,292	34.5	948,817	3,743,288
Total capitation payments	924,397,127	61.0	383,405	100.0	749,304,443	175,092,684
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX		<u> </u>
Contractual fee payments	232 , 262 , 184	15.3	xxx	XXX	47 , 807 , 718	184 , 454 , 466
7. Bonus/withhold arrangements - fee-for-service		11.4	xxx	XXX	33,824,959	138,718,952
Bonus/withhold arrangements - contractual fee payments		0.0	xxx	XXX		
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements	0	0.0	xxx	XXX		
11. All other payments		12.3	xxx	XXX		148 , 477 , 531
12. Total other payments	591,766,684	39.0	XXX	XXX	120,115,735	471,650,949
13. Total (Line 4 plus Line 12)	1,516,163,811	100 %	XXX	XXX	869,420,178	646,743,633

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1 - PART 2 - SUMMART OF TRANSACTIONS	AA1111 114 1 [ZIAIEDIVIZI	J	
1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
		2.55.12.00111 0.10	T I Francis		22::::::::2070::120
					1
	NONE				
	NONE				
	INCINE				
999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	7,311,326		6,207,207	1,104,119	1,104,119	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	7,311,326	0	6,207,207	1,104,119	1,104,119	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Health Alliance Plan of Michigan

2. Detroit

								(LOCATION)		
NAIC Group Code 1311 BUSINESS IN THE STATE C	F Michigan			DURING THE YEAR	2008			NA	IC Company Code	95844
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	400,317	3,831	351,258				23,290	21,938		
2 First Quarter	392,685	3,543	344 , 119				22,146	22,877		
3 Second Quarter	393,552	3,374	345,160				22,123	22,895		
4. Third Quarter	387,849	3,234	336,073				22,155	26,387		
5. Current Year	383,405	3,128	331,714				22,148	26,415		
6 Current Year Member Months	4,689,473	40,558	4,087,646				265,723	295,546		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,549,819	14,902	1,275,457				78,608	180,852		
8. Non-Physician	82,756	867	59,593				4,099	18,197		
9. Total	1,632,575	15,769	1,335,050	0	0	0	82,707	199,049	0	
10. Hospital Patient Days Incurred	173,823		127,023					46,433		36
11. Number of Inpatient Admissions	36,619		28,264					8,232		12
12. Health Premiums Written (b)	1,651,408,432	10,635,503	1,270,308,238				88,066,369	282,398,322		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1 ,655 , 116 , 487	10,641,869	1,275,090,130				86,986,166	282,398,322		
16. Property/Casualty Premiums Earned	0	······						·····		
17. Amount Paid for Provision of Health Care Services	1,516,163,811	9,654,657	1,156,804,136				87 , 736 , 353	261,968,665		
18. Amount Incurred for Provision of Health Care Services	1,516,796,475	9,641,967	1,155,283,646				86,873,084	264,997,778		

⁽a) For health business: number of persons insured under PPO managed care products ______and number of persons under indemnity only products _____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$......282,398,322



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2.

IAIC Group Code BUSINESS IN THE STA	TE OE			DURING THE YEAR	2008			(LOCATION)	IC Company Code	
THE STA	IIL OI	Compre		DUNING THE TEAR						
	1	(Hospital a	& Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	400,317	3,831	351,258	0	0	0	23,290	21,938	0	
2 First Quarter	392,685	3,543	344,119	0	0	0	22,146	22,877	0	
3 Second Quarter	393,552	3,374	345 , 160	0	0	0	22,123	22,895	0	
4. Third Quarter	387,849	3,234	336,073	0	0	0	22,155	26,387	0	
5. Current Year	383,405	3,128	331,714	0	0	0	22,148	26,415	0	
6 Current Year Member Months	4,689,473	40,558	4,087,646	0	0	0	265,723	295,546	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	1 ,549 ,819	14,902	1 , 275 , 457	0	0	0	78,608	180,852	0	
8. Non-Physician	82,756	867	59,593	0	0	0	4,099	18,197	0	
9. Total	1,632,575	15,769	1,335,050	0	0	0	82,707	199,049	0	
10. Hospital Patient Days Incurred	173,823	0	127,023	0	0	0	0	46,433	0	3
11. Number of Inpatient Admissions	36,619	0	28,264	0	0	0	0	8,232	0	1
12. Health Premiums Written (b)	1,651,408,432	10,635,503	1,270,308,238	0	0	0	88,066,369	282,398,322	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,655,116,487	10,641,869	1,275,090,130	0	0	0	86,986,166	282,398,322	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,516,163,811	9,654,657	1 , 156 , 804 , 136	0	0	0	87 ,736 ,353	261,968,665	0	
18. Amount Incurred for Provision of Health Care Services	1,516,796,475	9,641,967	1,155,283,646	0	0	0	86,873,084	264,997,778	0	

(a) For health business: number of persons insured under PPO managed care products ______and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$282,398,322

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	301,807,589		301,807,589
2.	Accident and health premiums due and unpaid (Line 13)	15 , 155 , 726		15, 155, 726
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	6,265,838		6,265,838
6.	Total assets (Line 26)	323,229,153	0	323,229,153
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	109,955,307	0	109,955,307
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,494,950		2,494,950
9.	Premiums received in advance (Line 8)	12,945,144		12,945,144
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11.	Reinsurance in unauthorized companies (Line 18)	0		0
12.	All other liabilities (Balance)	21,609,779		0
13.	Total liabilities (Line 22)	147 , 005 , 180	0	21,609,779
14.	Total capital and surplus (Line 31)	. 176,223,972	XXX	147,005,180
15.	Total liabilities, capital and surplus (Line 32)	323,229,153	0	176,223,972
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool.	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	0		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payable/offsets	0		
27.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

				Direct Bu	isiness Only		
States, Etc.		1 Life (Group and individual)	2 Annuities (Group and individual)	3 Disability Income (Group and individual)	4 Long-Term Care (Group and individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska							
3. Arizona	AZ						
4. Arkansas	AR						
5. California							
6. Colorado	CO		-				
7. Connecticut							
8. Delaware							
9. District of Columbia	DC						
10. Florida							
11. Georgia	GA						
12. Hawaii							
13. Idaho	ID						
14. Illinois	IL						ļ
15. Indiana			.			ļ	ļ
16. lowa	JA					ļ	ļ
17. Kansas							
18. Kentucky	KY						ļ
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi							
26. Missouri							
27. Montana							
28. Nebraska			$\mathbf{V}(\cdot)\mathbf{V}$				
29. Nevada		- -					
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York							
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH		-				
37. Oklahoma							
38. Oregon							ļ
39. Pennsylvania							ļ
40. Rhode Island							ļ
41. South Carolina			.				ļ
42. South Dakota							ļ
43. Tennessee	TN						ļ
44. Texas	TX						
45. Utah	T						ļ
46. Vermont	VT						ļ
47. Virginia	VA						ļ
48. Washington	AW						
49. West Virginia	WV						
50. Wisconsin							<u> </u>
51. Wyoming							
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. U.S. Virgin Islands							
56. Northern Mariana Islands							
57. Canada							1
58. Other Alien							[
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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

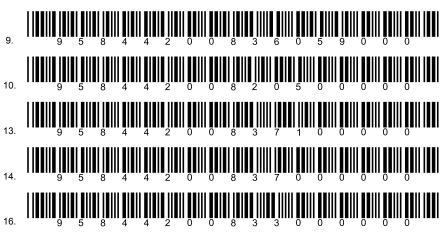
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Incurred in Connection with Guarantees or Undertakings for the	Management Agreements and Service Contracts(591,879,506)638,101	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-22/12827	Health Alliance Plan of Michigan	(35,800,000)	00111104110110	Countries	7aco(0)	(591 879 506)	7 (g. 0011101110		240000	(627 679 506)	
	38-2513504	HAP Preferred Inc	(00,000,000)				638 101				638 101	1
60134	38-3291563	Alliance Health and Life Insurance Compa					(26 112 151)				(26 112 151)	1
	38 - 3291563 38 - 1357020	HAP Preferred Inc. Alliance Health and Life Insurance Compa. Henry Ford Health System	35,800,000				(26,112,151) 539,069,475		T			1
	38-3497140	CuraNet LLC					(80.057)		I		(80,057)	l
	38-2791823	Henry Ford Wyandotte					29 847 386		I		29 . 847 . 386	l
	38-2594841	First Optometry					2.815.004		I		2.815.004	1
	38 - 1368330	Henry Ford Wyandotte First Optometry Detroit Osteopathic Hospital					11,204,907				11,204,907	1
	38-2947657	Henry Ford Macomb Hospital					34,496,841				34,496,841	1
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar coduplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the in	e will be printed below. If
	MARCH FILING	
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11.		SEE EXPLANATION
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
13.	,	NO
14.	,	NO
15.	,	SEE EXPLANATION
16	APRIL FILING	NO
16.		NO
17. 18.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	
Explan		OLL EN ENWITTON
•	does not write Medicare Supplement Insurance	
10. HAF	P does not write Life insurance business	
11. HAF	P is not a Property Casualty insurer	
12. HAF	P does not have shareholders	
13. HAF	P does not write Life insurance business	
14. HAF	P does not write Life insurance business	
15. HAF	P offers Medicare Part D through a Medicare Advantage plan	
16. HAF	P does not write Long-Term Care business	
17. HAF	P does not write Life insurance business	
	P is not a Property Casualty insurer	
Bar co	de:	

В



17

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.

*ASSETS	S - Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2304. Other Receivables.				130 , 134
2305. Other Assets	57 ,843		57 , 843	57 , 843
2306.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 2	60,695	0	60,695	187,978

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(http://www.naic.org/committees_e_app_blanks.htm)

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